

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **10752189**

FILING DATE **1-7-04**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9						
10						
11						
12						
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30						
31						
32						
33						
34	1					
35	1					
36	1					
37	1					
38	1					
39	1					
40		6				
41		6				
42		6				
43		6				
44		6				
45		6				
46		6				
47		6				
48		6				
49		6				
50		6				
TOTAL IND.	14					
TOTAL DEP.		228				
TOTAL CLAIMS	14	228				

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51		0				
52		4				
53		2				
54		2				
55		0				
56		6				
57		6				
58		6				
59		6				
60		14				
61		14				
62		14				
63		14				
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		90				
TOTAL CLAIMS		90				